

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☐ yes

☒ no

☒ Mr. Artist VINCE LESKOSKY

(Last Name Last)

Permanent Address 3290 WARRENSVILLE CTR RD.
405 SHAKER HTS

Street

City

44122

Zip

Tel. (265) 283-6604

Area Code

Temporary or
Studio Address _____

Street

City

Tel. () _____

Zip

Area Code

If you do not presently live in one of the counties of the
Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Vince Leskosky

Special Instructions

When necessary include below instructions or a drawing of
how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned
entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on
exhibition until June 7, 1981.

The submission of objects will be construed as acceptance of
all conditions printed in the entry information.

Signature Vince Leskosky

ENTRY BLANKS

1

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Materials **ACRYLIC / INK ON CANVAS**

Title **ARCHITECTURE IV**

Price or NFS

400.

Insurance Value
if NFS Only

Size

98x32

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

163 (1)

ACCEPTED

X

REJECTED

2

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Materials **ACRYLIC / INK ON CANVAS**

Title **ARCHITECTURE VII**

Price or NFS

300.

Insurance Value
If NFS Only

Size

32x38

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN
THIS SECTION

164 (1)

32

ACCEPTED

REJECTED

X

RECEIVED

BR 4-11

DATE